

Springs Municipal Advisory Council Application
County of Sonoma Board of Supervisors
First District



Completed applications can be returned to the First District Office in person or by mail, email or fax.
Mail: Liz Hamon, Board of Supervisors, 575 Administration Drive, Suite 100A, Santa Rosa, CA 95403
Email: liz.hamon@sonoma-county.org
Phone: (707) 565-2866
FAX: (707) 565-3778

Applications Are Due By February 9, 2019, 5 P.M. Late Applications Will Not Be Accepted.

Name: _____

Address: _____

Mailing address: _____

Home phone: _____

Cell phone: _____

Business phone: _____

Email: _____

Present occupation: _____

Full-time resident? yes no

Proof of residency (copy required): _____

Acceptable proof of residency include: Current driver's license or state ID, utility bill, voter registration card, rental/lease agreement, deed or title to residential real property, medical documents or employee documents.

Education

School	Major	Graduation/degree

Community Service Experience

Organization	Dates served	Position

Please provide more details on recent and relevant community organization experience:

Tell us about a recent experience you have bringing the community together and following this project through to completion:

What do you see as the priorities for the Springs MAC and how would you see these goals being realized?

Which activities of the Springs MAC interest you the most?

What would be your goal as a Springs MAC representative?

How do you feel you could contribute to see these goals realized?

Please list two local references and their contact information:

Signature: _____

Date: _____

Applications will be kept on file for two years. All applications are available to the public.